

| POSITION                  | INITIALS | ID NO.  | DATE    |
|---------------------------|----------|---------|---------|
| FEE DETERMINATION         |          |         |         |
| O.I.P.E. CLASSIFIER       |          |         |         |
| FORMALITY REVIEW          |          |         |         |
| RESPONSE FORMALITY REVIEW | SA       | 2896619 | 5-22-01 |

### INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted

N Non-elected  
 I Interference  
 A Appeal  
 O Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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